| ļ± |
|-----|
| Ç |
| Ü |
| O |
| ļIJ |
| |
| |
| n |
| ş |
| ļ÷ |
| _ |
| 14 |
| H |
| |
| O |

| í | |
|---|--|
| 4 | |

Please type a plus sign (+) inside this box \longrightarrow

EL423337675US

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Num | ber 0218US210 | | |
|--|-------------------------|----------------------|--------------------------|------------|--|
| | | First Named Inventor | Torben Lauesgaard Nissen | | |
| | | COMPLETE IF KNOWN | | | |
| | | Application Number | Unassigned | | |
| Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Filing Date | November 1, 2001 | | | |
| | Submitted after Initial | Group Art Unit | Unassigned | | |
| | | (37 ČFR 1.16 (e)) | Examiner Name | Unassigned | |

| As a below named inventor, I hereby declare that: | | | | | | | |
|--|-------------------------|------------------------------------|------------------------|---|------------------|--|--|
| My residence, mailing address, and citizenship are as stated below next to my name. | | | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | |
| SINGLE-CHAIN POLYPEPTIDES | | | | | | | |
| the enecification of which | | Title of the Invention) | | | | | |
| the specification of which is attached hereto | | | | | | | |
| OR | | as United | States Application I | Number or PC | `T International | | |
| was filed on (MM/DD/YYYY) | November 1, 2 | l l | Otates Application i | Turriber of T | | | |
| Application Number Unass | igned | amended on (MM/DD/Y | ,,,,,, | | (if applicable). | | |
| | | • | , | | | | |
| I hereby state that I have reviewe amended by any amendment spe | | | entified specification | n, including th | e claims, as | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Dat (MM/DD/YYYY) | e Priority Not Claimed | Certified C | Copy Attached? | | |
| | | | | | | | |
| | | | | H | | | |
| | | | | | | | |
| Additional foreign application | numbers are listed on a | supplemental priority | data shoot PTO/SB | /OOD attached | L) | | |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | | | | | | |
| Application Number(s) | | te (MM/DD/YYYY) | onal application(s) | isted below. | | | |
| 60/245,727 | | 11/02/2000 | | Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. | | | |
| | | | | | | | |

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) hade this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below | | | | | | | | |
|---|-----------------|---------|----------|-------|---------|--------------------|------------------|-----------------|
| Name Joanne R. Petithory | | | | | | | | |
| Address | Maxygen, Inc. | | | | | | | |
| 515 Galveston Drive Address | | | | | | | | |
| City | Redwood City | | | | State | CA | 94063 ZIP | |
| Country | USA | | Telephon | | -298-53 | 300 | 650-298 Fax | 3-5446 |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | |
| NAME OF SOI | LE OR FIRST INV | ENTOR: | | | A peti | tion has been fi | ed for this uns | signed inventor |
| Given Name Torben Lauesgaard Family Name Nissen (first and middle [if any]) or Surname | | | | | | | | |
| Inventor's Signature Date | | | | | | | | |
| Residence: City | Frederik | sberg C | | State | | Country | k Citizenship | Denmark |
| Mailing Address | Asmussens | Allé 5 | | | | | | |
| Mailing Address | | | | | | | | |
| City Frede | eriksberg C | State | | | ZIP | DK-1808 | Country | Denmark |
| NAME OF SEC | OND INVENTOR | | | | A peti | tion has been fi | led for this un: | signed inventor |
| Given Name Anne Dam Family Name (first and middle [if any]) or Surname | | | Jensen | | | | | |
| Inventor's Signature Date | | | | | | | | |
| Residence: City | Copenhagen | | | State | | Denmari Country | Citizenship | Denmark |
| Mailing Address Svanevej 13 | | | | | | | | |
| Mailing Address | | | | | | | | |
| | openhagen | State | | | ZIP | DK-2400 | Country | Denmark |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | | |